

FILED FEB 21 1950 STANDARD CERTIFICATE OF DEATH

3828

State File No. _____ Registrar's No. 5

BIRTH NO. _____		REG. DIST. NO. <u>30</u>		PRIMARY REG. DIST. NO. <u>5103</u>		Registrar's No. <u>5</u>	
1. PLACE OF DEATH a. COUNTY <u>Benton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Benton</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Lindsey Twp.</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>Karsaw Rural Lindsey</u>			
d. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) <u>in a car on the way N.S. 65</u> <u>1 1/2 mi. NE of Karsaw</u>				d. STREET ADDRESS (If rural, give location) <u>60 E</u>			
3. NAME OF DECEASED (Type or Print) <u>OPAL</u>		a. (First) <u>OPAL</u>		b. (Middle) <u>SOPHIA</u>		c. (Last) <u>BOHLING</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 17, 1950</u>		5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	
8. DATE OF BIRTH <u>March 27, 1909</u>		9. AGE (In years last birthday) <u>40</u>		10. UNDER 1 YEAR Months <u>10</u> Days <u>20</u>		11. UNDER 1 HRS. Hours <u>20</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of preceding life, or if retired) <u>Secretarial</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Harry Bohling</u>		13b. MOTHER'S MAIDEN NAME <u>Mathie A. Intelman</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>489-28-4042</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mathie A Bohling</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>myocardial failure</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>7624</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Karsaw Benton, mo</u>		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <u>never</u> , 19____, to <u>never</u> , 19____, that I last saw the deceased alive on <u>never</u> , 19____, and that death occurred at <u>1:15 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>B W Moulton Coronar V Rd.</u>				23b. ADDRESS <u>Cole Camp, mo</u>		23c. DATE SIGNED <u>2-17-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb. 19, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Paul's Lutheran</u>		24d. LOCATION (City, town, or county) (State) <u>Cole Camp, Benton Co. Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Feb-18-1950</u>		REGISTRAR'S SIGNATURE <u>Jas R. Logan</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Harold J. Jones</u>		ADDRESS <u>Cole Camp, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 7,

District File Number 1-50-91

Date Filed 2-20-58

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Student Embalmer

Signed _____

Licensed Embalmer No. 4897

P. O. Address Cole Camp Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.